



**North Dakota
Public Employees Retirement System**
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MEMORANDUM

2004-13

DATE: September 28, 2004

TO: Payroll/Personnel Officers

FROM: Cheryle Masset, Benefit Programs Administrator

SUBJECT: NDPERS Annual Enrollment Season

On your mark, get set . . . for the NDPERS Annual Enrollment Season. I thought it would be helpful for you if I review the filing procedures and deadline date for each program.

The Annual Enrollment Season postcards to notify employees were mailed to the employee's home mailing address on September 22nd, 2004. The information and enrollment forms are available on the NDPERS website on Friday, October 1st at www.discovernd.com/ndpers. Please use the enrollment forms from the NDPERS website. Outdated forms will not be accepted.

Reminder – it is the responsibility of the Authorized Agent to review all enrollment forms for proper completion. Incomplete or improperly completed forms will be returned which will result in a delay in processing. All forms must be signed and dated by the member no earlier than October 1st and no later than November 15th, 2004. **Members MUST file enrollment forms to their payroll office by 5:00 p.m. on Monday, November 15th, 2004 (no exceptions).**

I just want to reiterate - - during the Annual Enrollment Season members **ONLY** complete forms if:

- ✓ they are enrolling in a program that they have not previously participated in,
- ✓ they wish to make a change to their current coverage, or
- ✓ to re-enroll in the FlexComp plan for the 2005 plan year. Please be advised that the Authorization for Direct Deposit of Flexcomp Reimbursements (SFN 53852) must only be completed for employees paid through their agency's payroll system. This form does **NOT** need to be completed for employees paid through OMB.

NDPERS will only accept "original" enrollment forms – NO FACSIMILES.

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HEALTH INSURANCE:

Only employees of the State of North Dakota, the University System, and *participating* Political Sub-divisions are eligible to participate in this plan.

Remember that the "EPO enrollment" will continue to be in the month of May.

Form required: [NDPERS Group Health Application](#)
Mail form to: NDPERS daily/weekly
Filing deadline: Monday, November 15th at 5:00 p.m.

LIFE INSURANCE:

Only employees of the State of North Dakota, the University System, and *participating* Political Sub-divisions are eligible to participate in this plan.

Any and all additional coverage being requested must be accompanied by an Evidence of Insurability. If the member is applying for additional coverage on their spouse or dependent child(ren) each individual must complete an Evidence of Insurability. ***An increase to supplemental life insurance coverage that required Evidence of Insurability will not be effective until the later of the date the coverage is approved by the insurance company or January 1, 2005. The payroll deductions applicable to the increased coverage will not start until January 1, 2005***

Forms required: [Life Insurance Enrollment/Change form \(SFN 53803\)](#) and
[the Evidence of Insurability form](#)
Mail form to: NDPERS daily/weekly
Filing deadline: Monday, November 15th at 5:00 p.m.

DENTAL INSURANCE:

Only employees of the State of North Dakota and the University System are eligible to participate in this plan.

There will be an increase in the dental rates. The following monthly premiums apply January 1, 2005 through December 31, 1005:

	<u>Active</u>	<u>COBRA</u>
Individual Only	\$32.56	\$33.22
Individual & Spouse	\$62.70	\$63.96
Individual & Child(ren)	\$73.02	\$74.48
Family (employee, spouse, & child(ren))	\$103.20	\$105.26

Form required: [Dental Insurance Enrollment/Change form](#)
FAX form to: Paul Wilkins, ReliaStar at 612-372-5791 daily/weekly
Filing deadline: Monday, November 15th at 5:00 p.m.

VISION INSURANCE:

Only employees of the State of North Dakota and the University System are eligible to participate in this plan.

There will be an increase in the vision premium rates. The following monthly premiums apply January 1, 2005 through December 31, **2006**:

	<u>Active</u>	<u>COBRA</u>
Individual Only	\$5.16	\$5.26
Individual & Spouse	\$10.32	\$10.53

Individual & Child(ren)	\$9.40	\$9.59
Family (employee, spouse, & child(ren))	\$14.56	\$14.85

Form required: [Vision Insurance Enrollment/Change form](#)
 FAX form to: Ameritas at 402-466-0003 daily/weekly
 Filing deadline: Monday, November 15th at 5:00 p.m.

LONG-TERM CARE INSURANCE:

Only employees of the State of North Dakota and the University System are eligible to participate in this plan.

Form required: [UNUM Long-Term Care – Benefit Election Form](#)
 Mail form to: UNUM Provident address on Benefit Election Form
 Filing deadline: NONE – may enroll at anytime

FLEXCOMP PLAN:

Only employees of the State of North Dakota and *participating* District Health Units are eligible to participate in the plan. University System employees are not eligible to participate in the NDPERS FlexComp program.

Please refer to the Payroll Memorandums that were emailed to you or you may view them on our website under Annual Enrollment Season for specific instructions and key deadline dates.

Form required: [Annual FlexComp Enrollment 2005 Plan Year](#)
 Mail form to: NDPERS daily/weekly as received and/or processed.
 Filing deadline: Monday, November 15th @ 5:00 p.m.

LATE FILING PROCEDURE:

This year NDPERS is allowing Authorized Agents a filing “grace period” until Friday, November 21st at 5:00 p.m. to forward all enrollment materials to the appropriate carrier/NDPERS. In the event you attempt to file enrollment forms later than Friday, November 21st NDPERS has established the following procedure to address late enrollment processing issues for the Health, Life, Dental and Vision plans ONLY. FlexComp is covered in the separate memo.

1. NDPERS needs to be advised by the appointing authority that:
 - a. They have reviewed the situation and determined that the enrollment form was filed with their department within the enrollment period and in a manner that meets the requirement for participation.
 - b. They have identified the problem that occurred and put into place procedures to insure that it will not occur in the future. (A description of what happened should be provided in sufficient detail so NDPERS can determine that an administrative error occurred that warrants allowing processing. In addition to describing what happened, a description of the administrative remedy should also be supplied.)
2. The appointing authority shall file the above information with the Executive Director of NDPERS.
3. Upon review by the NDPERS Director, the enrollment form will be approved/disapproved. NDPERS will notify the appointing authority and NDPERS designated authorized agent of its decision. If approved the enrollment form will be processed.

I hope this information assists you and makes your job a little easier. If you have any questions, be sure to contact the NDPERS office for assistance. Thank you.